

Lesbian health care needs

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OBJECTIVE To define the special health care needs of Canadian lesbians.

DESIGN A questionnaire containing 61 yes-or-no and multiple-choice questions sought information on six areas: demographics; health care use; habits, diet, and exercise; preventive care; mental health; and physical health.

SETTING The organizational meeting of a lesbian softball league in Toronto.

PARTICIPANTS Of 360 women eligible for the meeting, 205 attended and 195 completed the survey. Questionnaires used for analysis were those of the 186 women who answered yes to the question, "Are you a lesbian?"

MAIN OUTCOME MEASURES How lesbian health care needs differ from those of women in general. Results of the survey were compared with results of the 1991 Canadian General Health Survey and the 1986 Health Promotion Survey (for comparable sex and age groups).

RESULTS The lesbians were young, white, and middle class. They visited the same health care professionals as other Canadian women but for different reasons. They smoked, drank alcohol, used caffeine, and exercised somewhat more than other women, but they were not very knowledgeable about healthy diets. The lesbians got Pap smears less often than other Canadian women, even if they were at high risk. They examined their breasts less frequently, but got their blood pressure checked with comparable frequency. Lesbians had a high incidence of mental health problems and often had nontraditional support systems. Lesbians were less prone to gynecologic complaints, especially infectious diseases, but had about the same incidence of common chronic illnesses.

CONCLUSIONS Although lesbians are not afflicted uniquely by any illness, they do have special health care needs. Canadian family physicians should be aware that lesbians are part of family practice and that, like other identifiable groups, they have common health concerns that differ from those of the general population.

OBJECTIF Définir les besoins de santé spéciaux des lesbiennes canadiennes.

CONCEPTION Un questionnaire comportant 61 questions à choix de réponses ou de type oui ou non afin de recueillir de l'information dans six domaines : démographie, utilisation du système de soins de santé, habitudes, alimentation et activités physiques, soins préventifs, santé mentale et santé physique.

CONTEXTE La rencontre préparatoire à la mise sur pied d'une ligue de balle-molle pour lesbiennes à Toronto.

PARTICIPANTES Des 360 femmes admissibles, 205 ont assisté à la rencontre et 195 ont complété le questionnaire. Pour fins d'analyse, on a retenu les questionnaires de 186 femmes qui avaient répondu oui à la question « Êtes-vous lesbienne ? »

PRINCIPALES MESURES DES RÉSULTATS Comment les besoins de santé des lesbiennes diffèrent-ils des besoins des femmes en général ? Les résultats de cette enquête furent comparés à ceux de l'enquête 1991 sur la santé générale des Canadiens et à ceux de l'enquête 1986 sur la promotion de la santé (pour les groupes d'âge et de sexe comparables).

RÉSULTATS Les lesbiennes étaient jeunes, de race blanche et de classe moyenne. Elles consultaient les mêmes professionnels de la santé que les autres Canadiennes mais pour des raisons différentes. Elles fumaient, consommaient de l'alcool, buvaient du café et s'exerçaient davantage que les autres femmes mais leurs connaissances sur les habitudes alimentaires saines étaient déficientes. Les lesbiennes subissaient moins de cytologies cervicovaginales que les autres Canadiennes même si elles étaient plus à risque. Elles examinaient leurs seins moins fréquemment ; par contre, la fréquence de vérification de la tension artérielle était semblable. Les lesbiennes avaient une forte incidence de problèmes de santé mentale et recouraient davantage à des systèmes de soutien non traditionnels. Les lesbiennes étaient moins susceptibles de plaintes gynécologiques, notamment les maladies infectieuses, mais avaient une incidence semblable des maladies chroniques courantes.

CONCLUSIONS Même si les lesbiennes ne sont pas affligées par des maladies qui leur sont particulières, elles ont des besoins de santé spéciaux. Les médecins de famille canadiens devraient prendre conscience que les lesbiennes font partie de la pratique familiale et que, à l'instar des autres groupes identifiables, leurs préoccupations courantes en termes de santé sont différentes de celles de la population générale.

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DURING THE PAST TWO DECADES, WOMEN'S health has become a recognized medical subspecialty. In 1986, Health and Welfare Canada's Health Promotion Directorate published *Issues and Priorities for Women's Health in Canada: A Key Informant Survey*.¹ In this document, lesbians, along with several other groups, were identified as both a vulnerable group and a group at special risk. According to Deyton and Lear,² the United States' lesbian and gay health movement began in the early 1970s following the 1969 Stonewall uprising. Despite the conclusions of Health and Welfare Canada and the beliefs of Deyton and Lear, no Canadian studies have researched the health care needs of lesbians.

One of the few Canadian resources available, *The Lesbian Health Guide* by McClure and Vespry,³ is written for lesbian patients, not physicians. It provides information on topics affecting health care, ranging from gynecology to housing to legal issues. Unfortunately it is based on nonlesbian and American lesbian research.

Many authors believe that lesbians have unique health concerns.⁴⁻⁷ Several American studies have shown that lesbians fail to seek health care and that, when they do, they receive substandard care.⁶⁻¹⁰ Searching MEDLINE up to May 1995, I found only three studies, all American, that dealt specifically with lesbian health needs. Bradford et al¹¹ surveyed 1925 lesbians in 50 states on health care issues; Bunting¹² looked at the lifestyles of 27 lesbians; and Trippet and Bain¹³ studied the health care concerns of 43 lesbians. The lack of current, Canadian information prompted me to undertake this study.

METHODS

A questionnaire on the potential health care needs of lesbians was developed specifically for this study. The *Health Status of Canadians; Report of the 1991 General Social Survey*¹⁴ was used as a guide for the structure and wording of questions. My survey was initially critiqued by five lesbians known to me personally. The final questionnaire

contained 61 yes-or-no and multiple-choice questions on demographics; health care use; preventive care; habits, diet, and exercise; mental health; and physical health.

I approached a women's softball league in Toronto with the request to distribute surveys at their organizational meeting; permission was granted. The survey was not mentioned during the telephone call that informed eligible women of the meeting. Midway through the meeting, participants were informed of the survey and its purpose. Only surveys completed and returned on the night of the meeting were used for analysis.

This group was chosen because of the selection bias in some previous studies. Previous studies had recruited lesbians in bars, at political events, and as patients already in the health care system. I chose to target a nonpolitical, social organization that does not overtly involve alcohol. This league focuses on socialization, not competition. League rules and structure are designed to allow all women, regardless of skill level, to feel welcome and participate equally.

RESULTS

Of 360 women invited to the meeting, 205 attended and 195 completed the survey. The questionnaires used for analysis were the 186 in which women answered yes to the question, "Are you a lesbian?"

Demographics

Respondents were urban, young, well-educated, white, middle class, and mostly (92%) 20 to 40 years old. Most lived in greater metropolitan Toronto (82%), earned \$20 000 to \$60 000 yearly (75%), and had some postsecondary education (72%). Responses showed that 82% were monogamous.

Respondents were asked to identify all ethnic groups in their ancestry. Results showed that 85% were of European descent only, 4.3% had some Native* ancestors, 3.2% had black (Caribbean or

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* Native is used to refer to the indigenous and aboriginal inhabitants of Canada and their descendants.

Table 1. Reported use of cigarettes, alcohol, street drugs, and caffeine: Some respondents did not answer the questions.

USE	CIGARETTES (N = 181) N (%)	ALCOHOL (N = 172) N (%)	STREET DRUGS (N = 176) N (%)	CAFFEINE (N = 179) N (%)
Never	71 (39.2)	23 (13.4)	44 (25.0)	16 (8.9)
Light*	52 (28.7)	59 (34.3)	105 (59.7)	17 (9.5)
Moderate	24 (13.3)	58 (33.7)	13 (7.4)	79 (44.1)
Heavy	29 (16.0)	18 (10.5)	12 (6.8)	64 (35.8)
Very heavy	5 (2.8) (>26/d)	14 (8.1) (>14/w)	2 (1.1) (daily)	3 (1.7) (>11 cups/d)

* Includes those who have quit, only tried, or rarely use the substance.

African) or Indian ancestry, 1% had Chinese, and 3.2% stated other but did not clarify.

Health care use

Most lesbians seek traditional health care. Asked what type of health care worker they see most frequently, 38% said family physicians, 17% dentists, 9% chiropractors, 5% psychiatrists or psychologists, and 11% alternative health care workers (acupuncturists, herbalists, naturalists, physiotherapists, and massage therapists).

When asked the most common reason for visiting health care workers, 44% chose prevention of illness (including recommended check-ups); 19% chose minor or acute health problems; 5% major or chronic health problems; 3% mental health reasons; 2% physical, sexual, or emotional abuse; 1% relationship counseling; 6% other; and 9% none. No respondents chose pregnancy-related issues, eating disorders, or substance abuse as their most common reason for visiting a physician. Asked how often they visit their usual health care workers, 47% answered yearly, 25% monthly, 8% weekly, and 11% less than yearly.

Preventive care

Respondents were asked about breast self-examinations, Pap smears, and blood pressure measurement. Only 22% examined their breasts monthly; 28% never examined their breasts.

Only 42% got a yearly Pap smear; 13% had never had one. Of the 61% who had had sexual intercourse with at least one male partner, only 58% had had a yearly Pap smear. Conversely, of the 58% of lesbians who get a Pap smear less often than yearly, 52% had had sexual intercourse with at least one male partner.

Most (86%) of the women surveyed had had their blood pressure checked in the previous 2 years.

Habits, diet, and exercise

Respondents were asked about the frequency with which they smoke cigarettes, drink alcohol, use street drugs, and drink caffeinated beverages (Table 1).

Lifetime incidence of alcohol problems is high among lesbians despite the low incidence of current, heavy alcohol use. Only 67% of the lesbians surveyed stated they had had no alcohol-related problems at work or school, with partners and others, or with their health. Of those who said they had had problems, 6% had problems with their health, 5% with school or work, 15% with their partners, 19% with others, and 12% in more than one area.

Responses suggested that knowledge about healthy diets was poor. Only 31% of lesbians consumed less than 30% of their calories from fat, and 51% did not know what percentage of their diets was fat. About 49% consumed one or more

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servings of milk or milk products daily, but 23% rarely or never consumed milk products.

Most lesbians exercised regularly: 20% exercised less than 1 hour weekly, 35% 1 to 3 hours weekly, and 37% more than 3 hours weekly.

Mental health

The women were asked if they had ever had mental health counseling, ever been diagnosed as depressed, ever tried to commit suicide, or if they were incest survivors (*Table 2*).

Lesbians often do not feel supported by their families of origin; they rely on their friends and partners for support. When asked about their families, 24% replied they were only a little or not at all accepted and 28% felt only a little or not at all supported. When asked about their most important support person, 35% indicated their partners, 35% a friend, and only 11% a parent or sibling.

More than half the women (54%) indicated they had suffered some kind of abuse from a same-sex partner. Of those, 14% reported physical abuse, 40% emotional abuse, and 12% sexual abuse.

Physical health

Lesbians do not often have gynecologic complaints, except for vaginitis, and they rarely get sexually transmitted diseases. Responses to questions about gynecologic complaints indicated that about 50% had had vaginitis; about 10% had had cystitis, abnormal Pap smears, or breast lumps; and less than 5% had had abnormal mammograms, sexual dysfunction, breast or ovarian or endometrial or cervical cancer, or STDs.

Many lesbians require health care in the area of family planning. Of all those surveyed, 30% planned to have children, 5% already had them, and 48% planned never to have children.

The women were asked about chronic illness. *Figure 1* shows incidence compared with that among Canadian women in general.

DISCUSSION

The rate of completed surveys was high because respondents were in a safe environment and were only minimally inconvenienced. Lesbians in this study sought the same type of health care with

about the same frequency as other women: 159/186 (85%) had seen family doctors in the past year, 139/186 (75%) had seen dentists in the past year, and 7/186 (4%) had had no contact with health care workers. These findings are similar to those in the 1991 General Social Survey¹⁴ that showed 86% of women had seen general practitioners in the past

year, 66% had seen dentists, and 4% had not seen any health care worker.

Other comparisons show lesbians' contact with the health care system to be similar to most Canadian women's: 47% of the lesbians in the survey saw their usual health care workers yearly as did 45% of Canadian women, 13% saw their family doctors more than 10 times yearly as did 25% of all Canadian women. Lesbians underwent recommended screening less often than other women, and only 22% examined their breasts monthly compared with 39% of all Canadian women.

Health and Welfare Canada's Health Promotion Survey¹⁵ showed 75% of Canadian women aged 25 to 34 and 64% of Canadian women aged 35 to 44 got yearly Pap smears; only 42% of lesbians did so. About 13% of lesbians had never had Pap smears compared with 5% (aged 25 to 34) and 4% (aged 35 to 44) of Canadian women. These differences might reflect differences in contraceptive use between the two

Table 2. Reported mental health issues:

Some respondents did not answer the questions.

ISSUE	YES N (%)	NO N (%)
Counseling (n = 182)	92 (50.5)	90 (49.5)
Depression diagnosis (n = 182)	25 (13.7)	157 (86.3)
Suicide attempt (n = 181)	34 (18.8)	147 (81.2)
Incest survivor (n = 178)	28 (15.7)	150 (84.3)

groups; 73% of Canadian women use contraceptives and so are likely under the care of physicians who regularly encourage screening.

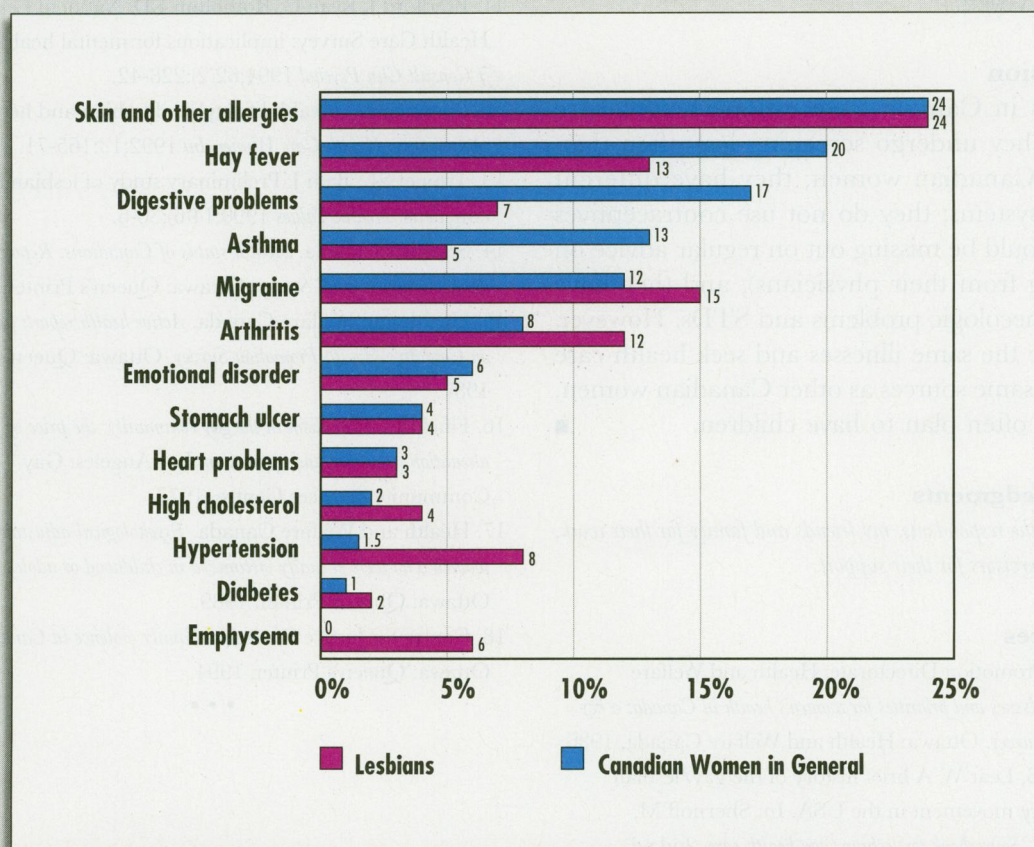
The Health Promotion Survey showed 89% of Canadian women had had their blood pressure checked within 2 years, 10% more than 2 years ago, and 1% never.¹⁵ My survey showed 86% of lesbians had had their blood pressure checked in the past 2 years, 8% had had it checked more than 2 years ago, and 2% had never had it checked.

Lesbians appear to smoke and drink alcohol slightly more than other women and to use street drugs considerably more often. My survey showed 59% of lesbians were nonsmokers compared with 65% of Canadian women, and 3% of lesbians smoked heavily compared with 2% of

Canadian women overall. Only 13% of lesbians consumed no alcohol in the past year compared with 16% to 19% of Canadian women. On the other hand, 8% of the lesbians were heavy drinkers (>14 drinks weekly) compared with 2% of similarly aged women in the Canadian surveys.^{1,14} These findings are in stark contrast to Fifield's¹⁶ 1977 finding that: "One in every three gay persons abuses alcohol and is either alcoholic or is rapidly heading towards that destination." It is of concern that 27% of lesbians stated they used street drugs yearly or more often. Only 4% of Canadian women reported using marijuana in the past 12 months.

In this study, 16% of the lesbians were incest survivors compared with 4% to 12% of the general female Canadian population¹⁷ and 19% of

Figure 1. Proportion of lesbians and Canadian women in general who have chronic illnesses



American lesbians.¹¹ Only 13% of the lesbians in this survey had been diagnosed as depressed compared with 37% of American lesbians,¹¹ who said they had experienced long depressions.

Unfortunately, many lesbians are victims of abuse by a same-sex partner. Compared with Canadian women overall, lesbians suffered similar rates of emotional abuse (35% vs 35%), much lower rates of physical abuse (50% vs 16%), and higher rates of incest (4% to 12% vs 15%).¹⁸

Limitations

This study had several limitations. Common to all nonrandomly distributed questionnaires are assembly bias, recall bias, and the inherent problems of self-reporting. Working with a previously unstudied group increased the possibility of omitting important issues when preparing the questionnaire. Generalizability of this study is limited by the select (young, white, urban, middle-class) group surveyed.

Conclusion

Lesbians in Canada have unique health care needs. They undergo screening less often than average Canadian women; they have different support systems; they do not use contraceptives (and so could be missing out on regular advice on screening from their physicians), and they have fewer gynecologic problems and STDs. However, they have the same illnesses and seek health care from the same sources as other Canadian women, and they often plan to have children. ■

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